

# MIPPA 2010 Updates



## **The Year 2010** A Year for Mass Adoption of E-Prescribing

and safety benefits of e-prescribing, CMS has made recent alterations to the Electronic Prescribing Incentive Program to ensure e-prescribing is adopted by as many eligible professionals as possible. See below for specific changes being implemented for 2010:

**B**ecause of the well documented cost

2009: There were three G-codes related to different e-prescribing scenarios.

**2010: There is only one G-code (G8553) to show a visit resulted in an e-prescription.**

2009: Providers were required to enter respective G-codes for e-prescribing events in 50% of eligible ambulatory visits.

**2010: Providers are only required to enter the new G-code 25 times during the calendar year.**

2009: The reporting process needed to be conducted through the current claims-based reporting mechanism.

**2010: In addition to claims-based reporting, any Registry or EHR which has qualified for 2010 PQRI may be used for reporting.**

2009: There were strict limitations on which providers are eligible.

**2010: The incentives are now extended to professional services furnished in skilled nursing facilities, domiciliary care, and the home care setting.**

# Medicare Incentives



**Did You Know?** Starting now, physicians who prescribe for Medicare patients are eligible for a 2% increase on their Medicare reimbursement payment.

In July 2008, the federal government implemented the Medicare Improvements for Patients and Providers Act

(MIPPA) as an initial step towards mandating e-prescribing technology by using a “carrot and stick” approach. Early adopters are eligible for incentive payments, and providers who delay utilization of e-prescribing technology will be penalized for non-compliance. For 2010, MIPPA has been revised to simplify reporting, broaden eligibility, and allow group practices to qualify.

Providers who adopt e-prescribing early are eligible for the following incentives over the next 5 years:

If e-prescribing for Medicare in this year	Receive this incentive payment
2009	2.0%
2010	2.0%
2011	1%
2012	1%
2013	.5%

Providers who fail to adopt e-prescribing by 2012 will have their Medicare payments reduced as follows:

If NOT e-prescribing for Medicare in this year	Medicare payments reduced by
2012	1.0%
2013	1.5%
2014	2.0%
Subsequent years	2.0%

**Easy As 1 - 2 - 3** Get your Medicare incentive dollars by following three easy steps...

- 1. Purchase a qualified e-prescribing system**
- 2. Add G8553 to your Superbill** *(see page 3)*
- 3. Bill G8553 for at least 25 ambulatory visits**



## Does this bill apply to me?

If E&M services account for more than 10% of your annual total allowed Medicare charges, you are eligible to receive a bonus based on your total Part B payments, not just E&M.

## How much money can I expect to receive?

This amount varies depending on all Medicare Part-B payments, and can be thousands of dollars. To calculate a ball-park for your potential earnings, take your part-B reimbursements from last year, and add 2%.

## Can I “double dip” on the PQRI e-prescribing measure and the MIPPA e-prescribing incentives?

No because there will not be an overlap. For 2009, CMS will remove PQRI measure #125 (e-prescribing) from the list of possible PQRI measures and will use it, instead, for the MIPPA incentive program. You may still participate in PQRI measure-related incentives, but not for e-prescribing.

## How do I earn my incentives?

The simple answer is that you need to begin writing and transmitting your prescriptions using a qualified e-prescribing system. To receive the full benefits of e-prescribing and ensure smooth workflow in the office, we recommend that you utilize your e-prescribing system to write prescriptions for all patients, not just Medicare patients. The Centers for Medicare and Medicaid (CMS) will measure your e-prescribing activity on an annual basis, using the three easy steps outlined on the previous page and will award you the incentives if you meet the required levels of participation. In order to earn the maximum total reimbursements, you should begin e-prescribing immediately as 2010 is the last year for the full incentive amount.

## How do I verify that my e-prescribing system meets all the requirements?

As a qualified system, our e-prescribing system fulfills the following requirements\*\*:

- » Generate a medication list
- » Select medications, transmit prescriptions electronically and conduct safety checks
  - Safety checks include: automated prompts that offer information on the drug being prescribed, potential inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, and warnings/cautions.
- » Provide information on lower cost alternatives
- » Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient’s drug plan

As you search for a qualified e-prescribing system, be sure to speak with potential vendors and ask to see a demo of each of the requirements.

## How will my e-prescribing be measured, and is there a minimum number of Medicare scripts that I have to write?

As it stands currently, CMS will measure your participation through the billing codes you submit to Medicare. After a Medicare patient visit, on your superbill you will submit one of the CPT E/M service codes indicating that an ambulatory office visit occurred:

90801-9; 90862; 92002; 92004; 92012; 92014; 96150-2; 99201-5; 99211-5; 99304-10; 99315-16; 99341-5; 99347-50; G0101; G0108-9

Next you will need to check G8553 which indicates that at least one prescription created during the visit was generated and transmitted electronically using a qualified electronic prescribing system.